



How to Register as a New Eligible Training Provider

2.14.11

- From the **Eligible Training Provider List** website (<http://applications.labor.ny.gov/ETPL/>) **Welcome** page select **Provider Home Page** from the navigation bar on the left hand side. This will bring you to the **Welcome Training Provider** page.



- Click on **Create an Account**. This will bring you to the **NYSDS Self Registration** page. Enter the required information including a 'temporary' password, and click on **Create Account**. All fields with an asterisk (*) must be completed.





- You will be required to log on using your temporary password and will then be prompted to change your password. Please note that passwords are **case sensitive** and should be typed in; not be “**cut and pasted.**”
- Once you have selected and answered the “**I Forgot My Password**” questions and submit, you will have **successfully modified your directory entry!** Click on **Continue**. This will bring you to the **Pre-Registration** page.
- Select **FEIN** (your 9 Digit Federal Employer Identification Number) or **SSN** (Social Security Number) from the drop-down box, fill in the number along with your **Zip Code** and **State** and press **Submit**.

Department of Labor
ETPL
Home
Training Search
Add Resources
Provider Home Page
WIB Login

Pre-Registration

Please complete the fields below to begin the registration process to be a training provider user for your organization. Please note that our system allows you ONE registered training provider user for your organization.

* denotes required fields

Provider Information	
FEIN/SSN*	<input type="text"/> (Federal Employer ID No. or Social Security No.)
Zip*	<input type="text"/> (Primary Location)
State*	New York

Submit **Reset**

- You should now see **Part 1** of **Training Provider Registration**. Also note that your Primary Workforce Investment Board (based on your zip code) is displayed on the top of the page.

Department of Labor
Add Resources
Provider Home

Provider Name: Unknown
ID (FEIN): 893458723
Primary WIB: **Oyster Bay Consortium**

Training Provider Registration

Provider Details (Part 1 of 6)

* denotes required fields

Provider Information	
ID Number (FEIN)	893458723
Business Name*	<input type="text"/>
Training School Name (DBA)*	<input type="text"/> (Copy from Business Name)
Address Line 1*	<input type="text"/>
Address Line 2	<input type="text"/>
City*	<input type="text"/>
State*	New York
Zip*	11782
County*	Select One
Borough	Select One
Company Headquarters	<input type="checkbox"/> Yes, the above address is Company Headquarters.
Website URL	<input type="text"/>
DUNS Number*	<input type="text"/> (Obtain a DUNS number)



PART 1 – ADMINISTRATION

- The first tab on the Training Provider Registration screen is **Administration**. Fill out your **Provider Information**.
- The **DUNS number** is a unique nine-character **number** that identifies your organization. This is a mandatory field and can be obtained here: http://www.dnb.com/US/duns_update/ DUNS numbers are free and obtained from Dun and Bradstreet (D&B). Your company may already have a number, and you can search their site. You are not obligated to purchase any of D&B's products.
- Fill out **Administrative Contact Information** and then **Admissions Contact Information** and **Payment Contact Information**. If the information for Admissions and Payment Contact Information is the same as the Administrative Contact, check the box above these sections to automatically fill in the identical information.

A screenshot of a web form with two sections. The first section is titled "Admissions Contact Information" and contains fields for First Name (Barbara), Last Name (Delaney), Title (President), Phone # (316 9216396), Fax #, and Email (vlycreekdesigns@yahoo.com). Above this section is a checkbox labeled "Admissions Contact Information is the same as Administrative Contact Information." which is checked. The second section is titled "Payment Contact Information" and contains fields for First Name (Barbara), Last Name (Delaney), Title (President), Phone # (316 9216396), and Fax. Above this section is a checkbox labeled "Payment Contact Information is the same as Administrative Contact Information." which is also checked. A red arrow points from the left towards the first checkbox.

- Under **Licensing Information**, choose whether you have a license or an exemption and enter the required information as appropriate.

A screenshot of the "Licensing Information" section of the form. It contains two questions: "Does your Training Provider Organization have a license?*" with radio buttons for "Yes" and "No", and "Do you have an exemption under state education law 5001(2)?*" with radio buttons for "Yes" and "No". Below the questions are two buttons: "Save & Proceed" and "Cancel & Return".

- If your Training Provider Organization has a license, click on **“Yes”** and fill out the **New License** information.



- Select the **Licensing Entity** from the dropdown list, enter **License #** and **Expiration Date**.*
- To **Upload License Document**, click on **Browse**, locate a copy of your license, **Open** and **“Upload”** the document from your computer. Files can be up to 1MB and can be PDF, DOC, or JPG.
- If you do not have a scanned copy readily available, you can upload a blank document in order to proceed with the registration process and upload your license later.
- After uploading, press **Save & Proceed**.

***Notifications reminders are sent 30 days before expiration. If a new license is not uploaded before expiration, automatic account deactivation will occur.**

- If your Training Provider Organization has an exemption under State Education Law 5001(2), select “yes” and your particular Exemption. Definitions of the Exemptions can be found by clicking on the link below (See Education Law 5001).

- Press **Save & Proceed**.



PART 2 – PROVIDER PROFILE

Type of Organization/Services Offered

- Select **Organization Type**, **Ownership**, and **Provider Type** from the drop-down box menus.
- Select the checkbox for any **Accrediting Entities**.

Training Provider Registration
Provider Profile (Part 2 of 6)

* denotes required fields

Type of Organization

Organization Type*

Ownership*

Provider Type*

Accrediting Entities

- Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)
- Accrediting Council for Continuing Education and Training (ACCET)
- Accrediting Council for Independent Colleges and Schools (ACICS)
- Council on Occupational Education (COE)
- Distance Education and Training Council, Accrediting Commission (DETC)
- Middle States Association of Colleges and Schools, Commission on Higher Education (MSACS)
- Middle States Commission on Secondary Schools (MSCSS)
- New York State Board of Regents, and the Commissioner of Education (NYSBR)
- North East Association of Colleges and Schools
- Transnational Association of Christian Colleges and Schools, Accreditation Commission (TACCS)
- Other

- Select checkboxes for any **Disability Adaptations**, **Additional Services**, or **Financial Aid**.
- Enter a **School Policy Webpage** URL, if available and any other **Profile Information**.
- Press **Save & Proceed**.

Services Offered

Disability Adaptations

- Hearing Impaired
- Sight Impaired
- TDO
- Wheel Chair Access
- Other

Additional Services

- Accessible from Public Transportation
- Additional Test Preparation
- Cafeteria
- Career Advisement
- Child day care
- Counseling
- Job Placement Services
- Meeting Rooms
- Partnership with Local Employers
- Resume Preparation
- Transportation

Financial Aid

- Academic Competitiveness Grant
- Aid for Part Time Study (APTS)
- Federal Graduate and Professional PLUS Loan
- Federal Parent PLUS Loan
- Federal Pell Grant
- Federal Perkins Loan
- Federal Stafford Loan
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- Federal Work-Study
- National Science and Mathematics Access to Retain Talent Grant (SMART)
- TEACH Grant
- Tuition Assistance Program (TAP)
- Other

School Policies

Policy Webpage URL

Profile Information



PART 3 – PROVIDER DOCUMENTATION

- The **Documentation Tab** has **Downloadable Forms** required (noted with an *****) or requested by the New York State Department of Labor and/or the Workforce Investment Board.
- Download the form by clicking on the document link and saving to your computer.
- Fill out the form, resave to your computer, and upload by browsing for the file on your computer, click on **Open** and then **Upload Documents**.
- Uploaded files will then appear in the section below.
- Press **Save & Proceed**.

Forms should be downloaded, completed and uploaded below.
If a signature is required, please scan the document and upload a copy of the form.
For questions regarding these forms, please contact your WIB.

Downloadable Forms		
Test Form *	(updated: 01/18/2011)	
Test Form II	(updated: 12/30/2010)	
Test	(updated: 01/25/2011)	

* denotes required fields

Form	Form Name	File
- Select One -		<input type="button" value="Browse"/>
- Select One -		<input type="button" value="Browse"/>
- Select One -		<input type="button" value="Browse"/>
- Select One -		<input type="button" value="Browse"/>
- Select One -		<input type="button" value="Browse"/>

Document: Test Form	
Uploaded File	Test Form.docx
Date	01/28/2011
	<input type="button" value="Remove"/>
Document: Test Form II	
Uploaded File	Test Form II.docx
Date	01/28/2011
	<input type="button" value="Remove"/>

PART 4 – TRAINING SITES

Training Site Details

- Fill in a **Training Site Description** (ex. Grand Street).
- Fill out **Training Site Address Information** and **Training Site Contact Information**, or check the box to copy down information from above.
- Press **Save & Proceed**.

Administration Profile Documentation Training Sites Courses

Training Provider Registration

Training Site Details (Part 4 of 6)

* denotes required fields

Training Site Information	
Training Site Description *	Grand Street
Training Provider Administrative Address	213 GRAND ST NEW YORK, NY 10013
<input type="checkbox"/>	same as Training Provider Administrative address

Training Site Address Information	
Address Line 1 *	<input type="text"/>
Address Line 2	<input type="text"/>
City *	<input type="text"/>
State *	- Select One -
County	- Select One -
Zip *	<input type="text"/>
Borough	- Select One -

Administrative Contact Information	Phone : 2125555555
<input type="checkbox"/>	same as Training Provider Contact Information

Training Site Contact Information	
Phone *	<input type="text"/> ext. <input type="text"/>
Fax	<input type="text"/>
Website URL	http:// <input type="text"/>



PART 5 – TRAINING COURSE DETAILS

- Fill in **Course Information**, including the **Course Title**, **Course Skill Level**, **program Type**, **Course Admission**, **Course Length**, **Internet Information** and **Course Status**.

***You must change the Course Status to Active to send to the WIB for approval.**

- Complete the **Course Description** and **Course Curriculum**
- Continue filling in **Course Prerequisites**, **Costs**, **Course Hours**, and **Credential Information**.
- **Costs** – Enter **Tuition Cost** which is tuition cost only.
- To add **Required and Additional Costs**, select a category, fill in an amount, and then click **Add**.

Required Costs would include items that are required to complete the course such as books, lab fees, materials, etc.

Additional Costs are costs not required to take the course, but customer may have to pay, i.e., lab fees, books, etc.

- **Course Hours Breakdown** – **Classroom** field must be more than 0 hours. If there are no **Lab**, **Internship**, or **Practical** costs, enter a 0.
- Add any **Credential Information**.

Training Provider Registration
Training Course Details (Part 5 of 6)

** denotes required fields*

Course Information

Course Title*

Course Skill Level*

Program Type*

Course Admission

Course Length

Internet Information

Course Status* Active Inactive
(Status must be Active in order to be sent for approval and listed in RTP)

Course Description

Rich text editor with toolbar and text area.

Path: Words: 0

Course Curriculum

Rich text editor with toolbar and text area.

Course Prerequisites

Costs

Tuition Cost*

Category	Cost
There are no items in this list.	
Total	0.00
- Select One -	<input type="text"/>
<input type="button" value="Add"/>	

Category	Cost
There are no items in this list.	
Total	
- Select One -	<input type="text"/>
<input type="button" value="Add"/>	

Course Hours Breakdown

Classroom*

Lab*

Internship*

Practical*

Instructional Hours Total: 0.00

Credential Information

Type of Course* Credit bearing Non-credit bearing

Credential Granted

Certification Entity Selected
No items selected.
[Click Here to Edit Selection](#)

Credit Hours Conferred Yes, course credit hours are conferred.

Credential Test Yes, a test is required to receive credentials.

Credential Test Cost



- Enter **Career Classifications** by clicking the link.
- The **Corresponding Occupational Tracks** will enter automatically.
- Fill in **License Information**, if available.
- To upload a copy of the license, click **Browse**, select document and press **Open**.
- Press **Upload**.

You must now add a **new offering** to the Course.

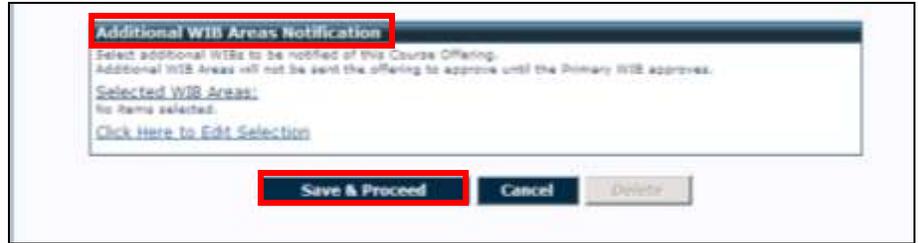
- Press **Add New Offering** and enter **Training Site** from the dropdown menu, **Offering Status**, **Schedule Type** and **Start Date** and **End Date**.

***You must change the Offering Status to Active to send to the WIB for approval.**

- Fill in schedule if available, and click **Add**.
- Fill in the **Course Offering Details**.

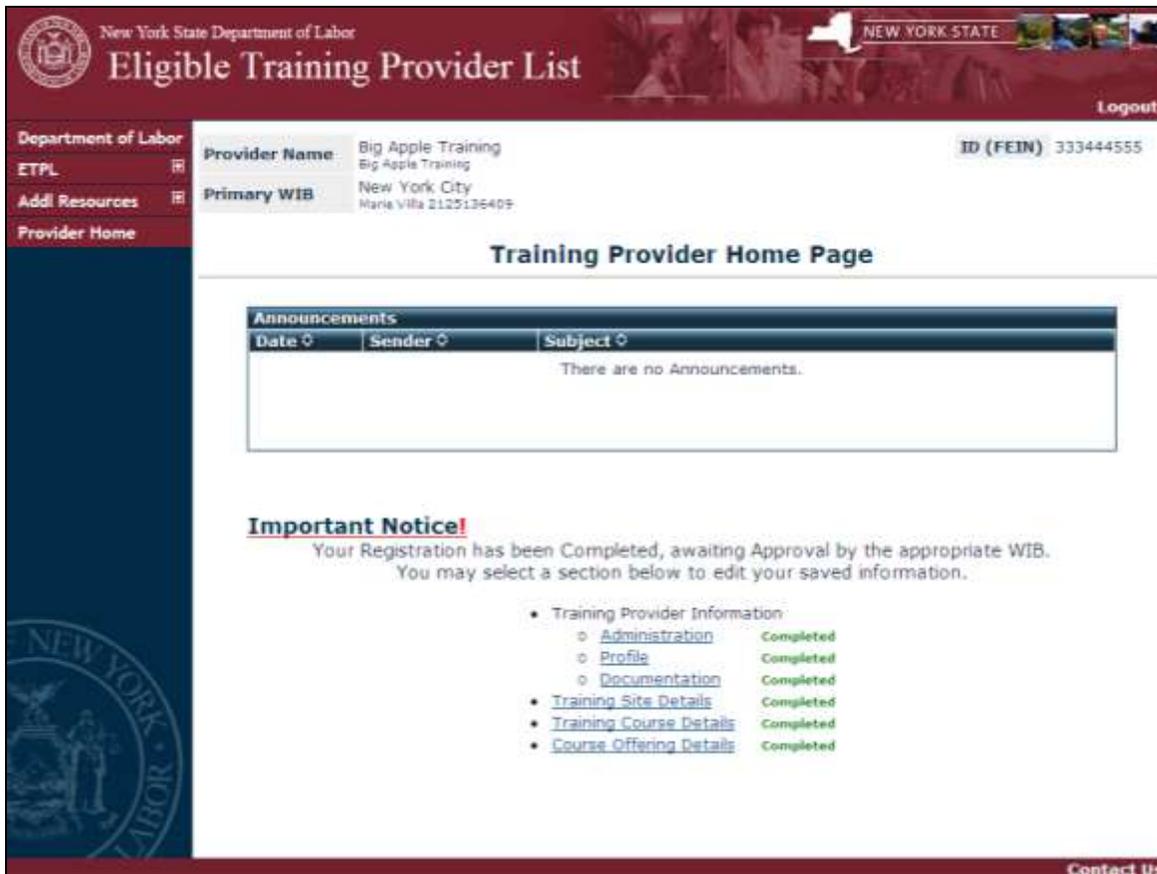


- To notify additional Workforce Investment Boards of this Course Offering, press **Click Here to Edit Selection**, choose the desired WIB Area and click **Save Selection**.



Please note additional WIB Areas will not be sent the offering until your Primary WIB approves.

- Press **Save & Proceed**.
- This completes the registration process and you will be returned to the Training Provider Home Page.



- You will be notified by your Workforce Investment Board if your registration is approved or denied by email.